Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

For calenda	ar plan year 2016 or fis	scal plan year beginning 06/01/2	2016	and ending 05	5/31/2017					
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer) (I	_					
		a one-participant plan	a foreign plan	,						
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check I	oox if filing under:	Form 5558	automatic extension	[DFVC program					
		special extension (enter desc	• /							
Part II		rmation—enter all requested in	formation			T				
1a Name SKONE & Co		INC. PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	001				
					1c Effective date of 06/0	of plan 1/1973				
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer Ident (EIN) 91-0	ification Number 879121				
	ONNORS PRODUCE,	e, country, and ZIP or foreign positive.	tai code (if foreign, see instr	uctions)	2c Sponsor's telep					
					2d Business code	(see instructions)				
PO BOX 339 WARDEN, W					115	110				
3a Plan a	dministrator's name ar	nd address X Same as Plan Spo	nsor.		3b Administrator's	EIN				
		_								
					3c Administrator's	telephone number				
A 16 4h a			4b a lant nations/nament file of f		4h Fini					
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed to	or this plan, enter the	4b EIN					
a Sponse	or's name				4c PN					
5a Total r	number of participants	at the beginning of the plan year.			5a	13				
		at the end of the plan year			5b	13				
		account balances as of the end of		-	5c	13				
d(1) Tota	al number of active par	rticipants at the beginning of the p	lan year		5d(1)	12				
		rticipants at the end of the plan ye		T	5d(2)					
than	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				_	12				
					5e					
I Indor none		or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	ıse is established.	0				
SB or Sche	alties of perjury and oth	or incomplete filing of this returner penalties set forth in the instrund signed by an enrolled actuary,	n/report will be assessed ctions, I declare that I have	unless reasonable cau examined this return/rep	use is established. Doort, including, if appli	cable, a Schedule				
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Form 5500-SF 2016 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Yes	No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canr									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not determin	ed
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				b) End of	Year	
а	Total plan assets	7a	7	052449)				7909340	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	7	052449)				7909340	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	al	
	Contributions received or receivable from:	90(4)		261529						
	(1) Employers	8a(1)		4800						
	(2) Participants	8a(2)		1000						
	(3) Others (including rollovers)	8a(3) 8b		783113						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1049442	
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d		166605						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		25946						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							192551	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)					856891				
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruct	ions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				1000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
i 	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form	5500	-SF	201	6

Page 3-	1
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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

For calendar plan year 2016 or fiscal plan year beginning

Annual Report Identification Information

Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

and ending

06/01/2016

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

05/31/2017

		X a single-employer plan		lan (not multiemployer) (
A This ref	turn/report is for:	a one-participant plan	list of participating employer information in accordance with the form instructions.) a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter des	cription)						
Part II	Basic Plan Inf	ormation—enter all requested i	information		I	MINISTER STATE OF THE STATE OF			
1a Name	to the second se				1b Three-digit				
	Connors Prod	duce, Inc.			plan number (PN) ▶	001			
Profit	Sharing Plan				1c Effective date of				
				2	06/01/1973				
		oyer, if for a single-employer plan)			2b Employer Identific	cation Number			
		om, apt., suite no. and street, or P. ice, country, and ZIP or foreign po		tructions)	(EIN) 91-087				
	Connors Prod		otal code (ii foreign, coc inc	a delierie,	2c Sponsor's telepho				
					(509) 349- 2d Business code (se				
					115110	ee instructions)			
PO Box	339				110110				
Warden			WA	A 98857					
3a Plan a	idministrator's name a	and address 🗓 Same as Plan Sp	onsor.		3b Administrator's El	IN			
					3c Administrator's te	lephone number			
						5			
4 If the	name and/or EIN of ti	ne plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
name	e, EIN, and the plan n	ne plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed	for this plan, enter the					
name a Spons	e, EIN, and the plan ne or's name	umber from the last return/report.			4c PN	13			
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name a Spons 5a Total b Total c Numb comp d(1) Tot d(2) Tot e Numb than Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan noor's name number of participant number of participants with older this item)	articipants at the beginning of the plan year account balances as of the end of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the or incomplete filing of this returned by an enrolled actuary and the plan year terminated by an enrolled actuary and the plan year terminated by an enrolled actuary and the plan year terminated by an enrolled actuary and the plan year terminated by an enrolled actuary and the plan year the plan yea	plan year (only defined by the plan year with accrued by the plan year.	d contribution plans enefits that were less d unless reasonable ca e examined this return/re ersion of this return/repor Patrick Conno Enter name of individ	4c PN 5a 5b 5c 5d(1) 5e use is established. port, including, if applicat, and to the best of my leading as plan admits a signing as employer	13 13 12 12 0 able, a Schedule knowledge and inistrator			

	Form 5500-SF 2016		Page 2						
b c	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannumber the plan is a defined benefit plan, is it covered under the PBGC in Till Financial Information	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	account t instea	ant (IC	QPA) • Form	5500.		X Yes No X Yes No
7	Plan Assets and Liabilities		(a) Beginning	of Voca	. Т		/1	b) End of	Voar
	Total plan assets	7a		052,				b) Liiu oi	7,909,340
	Total plan liabilities	7b	,	/					
	Net plan assets (subtract line 7b from line 7a)	7c	7,	052,	449	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7,909,340
8	Income, Expenses, and Transfers for this Plan Year	沙湾有	(a) Amoun					(b) Tota	
а	Contributions received or receivable from: (1) Employers	8a(1)		261,	529				
	(2) Participants	8a(2)		4,	800				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		783,	113			1.5	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		100					1,049,442
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		166,	605				
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		25,	946				
	Other expenses	8g		C25, 183 - 14				1.545	Gentle Spilestypet
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							192,553
	Net income (loss) (subtract line 8h from line 8c)	8i		11.00	6				856,893
	Transfers to (from) the plan (see instructions)	8j	<u> </u>						
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3D	feature co	odes from the List of Pi	an Cha	racteri	stic Co	odes in 1	the instruc	tions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Char	acteris	tic Co	des in th	ne instruct	ons:
Par	t V Compliance Questions		2						2
10	During the plan year:				Yes	No	N/A		Amount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary F	Fiduciary Correction	10a		X			
b		t? (Do not	include transactions	10b		Х		12	
С	Was the plan covered by a fidelity bond?			10c	Х				1,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			

10e

10f

10g

10h

10i

X

Χ

Χ

Χ

Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

Form	5500.	SE	201	6

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Page 3-	

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)						Yes 🛛 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Ιп	Yes X No
	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					'	21
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instances granting the waiver.		s, and	enter t		of the lette	er ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	A STATE OF THE PARTY OF THE PAR				
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c		3	
		eft of a		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			П	Yes	No	N/A
Part							
	Has a resolution to terminate the plan been adopted in any plan year?		Т		Yes	X X	
			-	40-		, N	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
-	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	, 				Yes [No No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to			
1	3c(1) Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII Trust Information						
14a	Name of trust			14b 7	rust's E	iN	
14c	Name of trustee or custodian					s or custoo ne number	
Part	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b		Yes			No	-
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	و 📙 و	Desigr safe h	n-based arbor		Prior y	ear" ADP
		ΙП "	Curre ADP te	nt year' est] N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	ntage		verage enefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	🖳	Yes			No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number						
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	nter the	date o	of the m	ost rece	ent determ	ination
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepa service?		om	Yes	. [] No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No	